



# PROPOSED RULE MAKING

**CR-102 (June 2004)**

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

**Agency:** Department of Social and Health Services, Aging and Disability Services

- ☒ **Preproposal Statement of Inquiry was filed as WSR 10-06-016** ; or  
☐ **Expedited Rule Making--Proposed notice was filed as WSR** \_\_\_\_\_ ; or  
☐ **Proposal is exempt under RCW 34.05.310(4).**

- ☒ **Original Notice**  
☐ **Supplemental Notice to WSR**  
☐ **Continuance of WSR**

**Title of rule and other identifying information:** (Describe Subject)

The department intends to amend the following sections: WAC 388-76-10585 Resident rights – Examination of inspection results; and WAC 388-76-10105.

The department intends to add the following new sections: WAC 388-76-10584 Resident rights – Examination of license; WAC 388-76-10106 Change of ownership – Notice to department and residents; WAC 388-76-10107 Change of ownership Priority processing.

**Hearing location(s):**

Office Building 2 - Auditorium  
 (DSHS Headquarters)  
 1115 Washington  
 Olympia, WA 98504  
 Public parking at 11<sup>th</sup> and Jefferson. A map is available at:  
<http://www1.dshs.wa.gov/msa/rpau/RPAU-OB-2directions.html>  
 or by calling 360-664-6094.

Date: **June 8, 2010** Time: **10:00 a.m.**

**Submit written comments to:**

Name: DSHS Rules Coordinator  
 Address: PO Box 45850, Olympia WA, 98504-5850  
 Delivery: 4500 – 10<sup>th</sup> Ave. SE, Lacey, Washington 98503  
 E-mail: [DSHSRPAURulesCoordinator@dshs.wa.gov](mailto:DSHSRPAURulesCoordinator@dshs.wa.gov)  
 Fax: (360) 664-6185

by  
**5 p.m. on June 8, 2010**

**Assistance for persons with disabilities:** Contact Jennisha Johnson, DSHS Rules Consultant by May 25, 2010

TTY (360) 664-6178 or (360) 664-6094 or  
 by e-mail at [johnsjl4@dshs.wa.gov](mailto:johnsjl4@dshs.wa.gov)

**Date of intended adoption:** Not earlier than June 9, 2010  
 (Note: This is **NOT** the **effective** date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The purpose of amending these rules is to give adult family home residents and their families more time to prepare when there is a change of ownership and to make it easier for residents to examine inspection and complaint investigation reports.

**Reasons supporting proposal:**

The proposed changes will promote improvements to the adult family home program.

**Statutory authority for adoption:**  
 RCW 70.128.040

**Statute being implemented:**  
 Chapter 70.128 RCW

**Is rule necessary because of a:**

- |                         |                              |  |
|-------------------------|------------------------------|--|
| Federal Law?            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federal Court Decision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| State Court Decision?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- If yes, CITATION:

**DATE**

April 28, 2010

**NAME** (type or print)

Katherine Vasquez

**SIGNATURE**

**TITLE**

DSHS Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
 STATE OF WASHINGTON  
 FILED

**DATE: May 03, 2010**

**TIME: 9:07 AM**

**WSR 10-10-077**

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

**Name of proponent:** (person or organization) Department of Social and Health Services

- ☐ Private  
☐ Public  
☒ Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting.....Mike Tornquist	P.O. Box 45600, Olympia, WA 98513	(360) 725-3204
Implementation....Lori Melchiori	P.O. Box 45600, Olympia, WA 98513	(360) 725-2404
Enforcement.....Lori Melchiori	P.O. Box 45600, Olympia, WA 98513	(360) 725-2404

**Has a small business economic impact statement been prepared under chapter 19.85 RCW?**

☒ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name: Mike Tornquist

Address: P.O. Box 45600 Olympia, WA 98504-5600

phone (360) 725-3204

fax (360) 438-7903

e-mail tornqmj@dshs.wa.gov

☐ No. Explain why no statement was prepared.

**Is a cost-benefit analysis required under RCW 34.05.328?**

☒ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Mike Tornquist

Address: P.O. Box 45600 Olympia, WA 98504-5600

phone (360) 725-3204

fax (360) 438-7903

e-mail tornqmj@dshs.wa.gov

☐ No: Please explain: